

Iowa Department of Human Services
MOTHER'S WRITTEN STATEMENT ALLEGING PATERNITY

Case Number: _____

Worker ID: _____

I, _____, am the biological mother of:

I declare that I am the mother of the child(ren) listed above. During the probable period(s) of conception for my child(ren), I had sexual intercourse with:

ALLEGED FATHER'S NAME (first, middle, last)

Relationship to the alleged father. Please check the appropriate statement:

- ☐ I was not legally married to anyone at the time of the birth or at the time of conception of the child(ren), or any time between conception and birth.
- ☐ I am (was) married at the time of the birth or at the time of the conception or any time between conception and birth to:
NAME: _____
DATE OF MARRIAGE: _____
DATE OF DIVORCE: _____
- ☐ I was married to someone other than the father of this/these child(ren) at the time of birth or the time of conception or any time between conception and birth, but there has been a court order entered ruling that the man to whom I was married at that time is not the father of this/these child(ren).

I believe the man listed below is or may be the biological father of the child(ren) listed above:

ALLEGED FATHER'S NAME (First , Middle, Last):

ALLEGED FATHER'S
DATE OF BIRTH:

ALLEGED FATHER'S SOCIAL
SECURITY NUMBER:

HT: _____ WT: _____
RACE: _____
HAIR COLOR: _____
EYE COLOR: _____

ALLEGED FATHER'S LAST KNOWN ADDRESS:

ALLEGED FATHER'S PLACE OF EMPLOYMENT:

TATTOO OR OTHER IDENTIFYING INFORMATION:

I certify under penalty of perjury and according to the laws of the State of Iowa that this is a true and correct statement.

I understand that the Child Support Recovery Unit (Unit) may use this information in an action to establish paternity for my child(ren). I agree to accept service of all documents related to that action by first class mail. I further agree to inform the Unit of any change of address.

Signature

Date

Please return this statement to the following office:

Child Support Recovery Unit

